



215 Wayles Lane Suite 125
Charlottesville, Virginia 22911
Phone: 434-817-4001
www.vawills.com

Confidential Estate Planning Information

Name: _____

Date: _____

Before you begin:

This questionnaire has been designed to help you, not frustrate you. Complete it as best you can and bring it with you to your first meeting at our office. Do not spend an inordinate amount of time on it, and do not be concerned if you are unable to provide all the financial information we request on the form. Please know that all information you provide on this questionnaire will be held in strict confidence by the attorneys at Virginia Wills, Trusts & Estates PLC.

Directions to our Pantops office:

From I-64: Take I-64 to Exit 124, which is the Pantops / Route 250 entrance into Charlottesville. At the bottom of the exit ramp, go west towards Charlottesville. About 8/10ths of a mile from the exit, turn left on State Farm Boulevard. There is a stop light and two left turn lanes. Take the first left onto Isham Avenue. We are in the first building on your left, and we are in the first suite of offices on the left as you enter the building.

From Charlottesville: Take the Route 250 By-Pass (East) to the top of Pantops Mountain. About 1/10th of a mile after you crest the hill, turn right onto State Farm Boulevard (immediately after the DMV office.) Take your first left onto Isham Avenue. We are in the first building on your left, and we are in the first suite of offices on the left as you enter the building.

I. CLIENT CONTACT INFORMATION

Home Address Street: _____

City: _____ State: _____ Zip: _____

Your residence is located in which city or county? _____

Who referred you to this law firm? _____

Signature of person who completed this questionnaire: _____

Partner 1

Partner 2

Full Legal Name _____

Formal Name** _____

Date of Birth _____

Preferred Phone _____

Occupation _____

Employer _____

E-Mail Address _____

** Your name as you would like it to appear on your estate planning documents (e.g., Thomas G. Nolan).

II. YOUR CHILDREN

Formal Name	Date of Birth	Parent	City of Residence

III. YOUR FINANCIAL SUMMARY

Please use estimated current fair market values.

ASSETS	Jointly Titled	Partner 1's Name	Partner 2's Name
Primary Residence			
Second Residence**			
Other Real Estate**			
Cash & Equivalents ¹			
Marketable Securities ²			
Business Interests ³			
Partnerships & LLC ⁴			
Retirement Accounts ⁵			
Annuities			
Tangibles ⁶			
Total Death Benefit from all Life Insurance ⁷			
Other Valuable Assets ⁸			
TOTAL ASSETS			
Estimated Inheritance			
LIABILITIES			
Mortgage, Residence			
Mortgage, 2 nd Residence			
Other Debts			
TOTAL DEBTS			
NET WORTH			

** Please indicate location(s) of your second residence or other real estate on last page of questionnaire.

¹ Checking, savings, money market accounts, certificates of deposit, etc.

² Stocks, bonds, mutual funds, real estate investment trusts, and limited partnerships that are publicly traded.

³ Businesses in which you actively participate.

⁴ Partnerships and LLC interests which are not publicly traded.

⁵ Retirement benefits provided through an employer such as a 401-k, IRA's, TIAA-CREF, etc.

⁶ Automobiles, furnishings, jewelry, furs, and collections, e.g., a coin or art collection.

⁷ Please insert the total insurance proceeds from the "Death Benefit" line of Section IV, next page.

⁸ Any other valuable assets not listed above.

IV. YOUR LIFE INSURANCE

	Policy 1	Policy 2	Policy 3	Policy 4
Insured				
Owner				
Company				
Type¹				
Policy Number				
Beneficiary				
Death Benefit				
Cash Value				

¹ P (permanent); T (term); G (group term)

V. YOUR PROFESSIONAL ADVISORS

Accountant	
Investment Advisor / Financial Planner	
Life Insurance Agent	
Doctor	
Other	

Would you like us to send your doctor a copy of any advance medical directive you may sign? _____

Would you like us to send copies of any estate planning documents you may sign to your investment advisor? _____

If yes, please include addresses in the space below:

VI. THE KEY PEOPLE IN YOUR ESTATE PLAN

When we meet, we will discuss the appropriate choices for executor, trustee, and other agents under your estate planning documents. Your ultimate selections will be among the most critical decisions you will make in your estate planning. We believe a helpful starting point for our discussion will be your initial inclinations as to the persons who might fill these roles. In those situations where you wish to make different choices, sufficient space has been left in the table below for this purpose. Please include a current address for the persons you select.

	1 st Choice	2 nd Choice	3 rd Choice
Executor(s)¹			
Trustee(s)²			
Agent(s) under Financial Power of Attorney³			
Agent(s) under Medical Power of Attorney⁴			
Guardian(s) for your Minor Children⁵			

¹ Someone to settle your estate upon your death. This can be your partner, adult children, other family members, trusted friends or a professional executor, such as an attorney or a bank.

² Someone to administer any trusts you may establish during your life or upon your death. This can be your partner, adult children, other family members, trusted friends or a professional trustee, such as an attorney or bank.

³ Someone to handle your financial and administrative affairs for you if you become incapacitated.

⁴ Someone to make health and medical treatment decisions for you if you become incapacitated.

⁵ Someone to raise your children if you die while any child is under 18.

VII. QUESTIONS FOR YOU

#	Question	Yes	No
1	Has either of you been previously married? ¹		
2	Is either one of you a citizen of a country other than the United States?		
3	Are any of your children adopted?		
4	Do you have a deceased child?		
5	Do you have any beneficiaries with physical or mental disabilities?		
6	Does either of you own assets jointly with any person other than your partner? ²		
7	Does either of you own an interest in a closely held business? ³		
8	Are either of you the beneficiary of a trust created by someone else?		
9	Does either of you have any existing wills, trusts, or other estate planning documents?		
10	Does either of you own real property outside Virginia?		
11	Has either of you made gifts in excess of \$10,000 in value to any one person in any single year? ⁴		
12	Is either of you interested in making charitable gifts at death?		
13	Do you anticipate any significant change in your assets, liabilities or income in the next few years? ⁵		
14	Are you concerned about the safety of any adult beneficiary's inheritance due to the beneficiary's serious marital or financial instability?		
15	Does either of you own any insurance on the life of another person?		
16	Is there any person who is financially dependent upon either of you?		
17	Do either of you or any family member have any significant health issues or disabilities?		
18	If you are ever in a terminal condition, should artificially administered hydration and nutrition be utilized to prolong your life? Mark Yes if you are not sure.		
19	Is there any additional information or concerns about which you think your attorney should know? If so, please explain on the following page.		

¹ If yes, please indicate on the following page how the marriage ended, whether any children were born of the marriage, and if the marriage ended by divorce, whether there are any current obligations to pay child support, alimony or to maintain life insurance.

² If yes, please describe on the following page the joint ownership, including the name of the joint owner(s) the asset, and the percentage owned.

³ If yes, please specify on the following page what type of business (e.g., C Corporation, S Corporation, Limited Liability Company, etc.), and the percentage owned.

⁴ If yes, please itemize all such gifts on the following page.

⁵ If yes, please describe on the following page.

VIII. YOUR COMMENTS

<u>Question No.</u>	<u>Comments</u>
	Location of Second Residence or other Real Estate Identified in Section III 1. 2. 3.